

## \$10 Co-Pay Card Terms & Conditions

**Patient Instructions\*:** Present this card and your insurance card along with a valid prescription for FOCALIN XR<sup>®</sup> (dexamethylphenidate hydrochloride) at any participating pharmacy. Patient pays the first \$10 of co-pay. Novartis pays up to the next \$60 per 30-day supply. Patient pays any remaining co-pay amount. The Novartis co-pay support of \$60 per month is not to exceed an annual maximum of \$720. Patient questions should be directed to **1-866-877-4633**.

When you use this offer, you are certifying that you understand the program rules, regulations, and terms and conditions, and that you will disclose and report the use of this offer as may be required by your insurer. You are not eligible if prescriptions are paid by any federal or state program, or where prohibited by law; and you will otherwise comply with the terms and conditions above.

**Pharmacist Instructions for a Patient with an Eligible Third Party:** Submit the claim to the primary Third Party Payer first, then submit the balance due to **Therapy First Plus** as a Secondary Payer COB (coordination of benefits) with patient responsibility amount and a valid Other Coverage Code (**eg, 8**). The patient is responsible for the first \$10 and the offer pays up to the next \$60 per 30-day supply, not to exceed an annual maximum of \$720. Reimbursement will be received from **Therapy First Plus**.

**Valid Other Coverage Code required.** For any questions regarding **Therapy First Plus** online processing, please call the Help Desk at **1-800-422-5604**.

When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental programs for this prescription. Pharmacist will comply with his/her obligations when processing the prescription for payment. By using this card, you agree to the terms and conditions of this program. Co-pay cards must be accompanied by a prescription for FOCALIN XR.

\*Limitations apply. Valid only for those with private insurance. The Program includes the Co-Pay Card, Payment Card (if applicable), and Rebate, with a combined annual limit up to \$720. Patient pays the first \$10 of co-pay. Novartis pays up to the next \$60 per 30-day supply. Patient is responsible for any costs once limit is reached in a calendar year. Program not valid (i) under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care program, (ii) where patient is not using insurance coverage at all, (iii) where the patient's insurance plan reimburses for the entire cost of the drug, or (iv) where product is not covered by patient's insurance. The value of this Program is exclusively for the benefit of patients and is intended to be credited towards patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. Program is not valid where prohibited by law. Patient may not seek reimbursement for the value received from this Program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the United States and Puerto Rico. Offer not valid in CA or MA. This Program is not health insurance. Program may not be combined with any third-party rebate, coupon, or offer. Proof of purchase may be required. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

Please see full [Prescribing Information](#), including **Boxed WARNING**, and [Medication Guide](#).